

Foster Family Home - Corrective Action Report

Provider ID: 1-180028

Home Name: Gemma Balantac, CNA

Review ID: 1-180028-2

1417C Middle Street

Reviewer: Angelica Galindo

Honolulu

HI 96819

Begin Date: 4/24/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 4/24/19. Corrective Action Report issued during home inspection with all items due to CTA by 5/24/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - No current record of Blood borne pathogen training for CG#2 in home folder, expired 3/15/2018.

Angelica Galindo, RN

Compliance Manager

Gemma M. Balantac

Primary Care Giver

4/24/19
Date

4/24/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Gemma Balantac

CCFFH Address: 1417 C Middle Street, Honolulu, Hawaii ,96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(8)	The Blood Borne Pathogen training for SCG#2 was already placed into home record.	04/25/19	Home will use cellphone alerts and will a checklist to identify when requirements are due 30 days before they expire to allow time to get them done before they are due.

Primary Caregiver's Signature: Gemma m. Balantac

Print Name: Gemma Balantac

Date of Signature: April 25, 2019